PATENT APPLICATION

OLIFF & BERRIDGE, PLC Telephone: (703) 836-6400 Facsimile: (703) 836-2787

CUSTOMER NUMBER 25944

Attorney Docket No.: 126835

AMENDMENT TRANSMITTAL

In re the Application of

Taro YOSHIKAWA et al.

Group Art Unit: 1609

Application No.: 10/566,588

Examiner: J. LAU

Filed: March 9, 2006

GLYCYRRHIZIN HIGH-CONCENTRATION PREPARATION

Commissioner for Patents

P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

For:

Transmitted herewith is an Amendment in the above-identified application.

- Entitlement to small entity status is hereby asserted.
- Small entity status of this application has been established.
- Any additional claim fees have been calculated as shown below:

	(Column 1)	(Column 2)	(Column 3)		
Marine and the second	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		
TOTAL CLAIMS	*9 MINUS	**20	=0		
INDEP CLAIMS	*6 MINUS	***3	=3		
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY		OTHER THAN A SMALL ENTITY		
RATE	ADD'L FEE	ΩR	RATE	ADD'L FEE
x 25	s		x 50	s
x 105	\$		x 210	\$ 630
+ 185	s	ΩR	+ 370	s
	s			\$ 630

Someone

- If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Check No. 199855 in the amount of \$630.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461.

12/05/2007 GFREY1 00000086 10566588

01 FC:1614

630,00 DP

Respectfully submitted,

James A. Oliff Registration No. 27,075

Samuel T. Dangremond Registration No. 60,466

JAO:STD/tjx

Date: December 3, 2007